Review Requirements Checklist Credit Unemployment Insurance (CU), Line 28

Credit Unemployment insurance means casualty insurance on a debtor to provide indemnity for payments or debt becoming due on a specific loan or other credit transaction while the debtor is involuntarily unemployed as defined in the policy.

COMPANY NAME:

NAIC #:

REFERENCE (See www.azelg.state.az.us for applicable statute.) I. FORMS Transmittal Forms Filings must include a completed Property & Casuality Transmittal Document and Checklist as well as a Form Filing Transmittal and/or RawRule Filing Transmittal. The forms may be found at the Department's website: http://www.id.stalie.az.us. When forms and rates are filed simultaneously use one transmital document. If either part is, thereafter, found to be noncomplished the entire filing will be described by the Director before use. Filing Transmittal Forms		DEFEDENCE (Co.		
REVIEW REQUIREMENTS applicable statute.) COMMENTS Paragraph		•		DEFENDENCE For A Donald
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CU Eligibility Provisions A.R.S. § 20-1606.01(A)(1) due to: a. Voluntary forfeiture of salary, wage or other employment income. b. Resignation. c. Retirement.	Blank Forms	Unpublished Requirement	liliustrate the type of language that will be placed on the form.	
CU Eligibility Provisions A.R.S. § 20-1606.01(A)(1) due to: a. Voluntary forfeiture of salary, wage or other employment income. b. Resignation. c. Retirement.			The policy shall provide coverage for unemployment for any reason except coverage may be excluded	
a. Voluntary forfeiture of salary, wage or other employment income. b. Resignation. c. Retirement.	CU Eligibility Provisions	A.R.S. § 20-1606.01(A)(1)		
b. Resignation.c. Retirement.	3 ,	· · · · · · · · · · · · · · · · · · ·	a. Voluntary forfeiture of salary, wage or other employment income.	
			b. Resignation.	
			d. General Strike.	
e. Illegal Walk Out.			ŭ	
f. War g. Separation from the military				
g. Separation from the military h. Willful misconduct, criminal misconduct or unlawful behavior				
i. Disability caused by injury, sickness or pregnancy				
CU Eligibility Requirements A.R.S. § 20-1606.01(B)(1)(2) CU shall not contain eligibility requirements more restrictive than:	CU Eligibility Requirements	A.R.S. § 20-1606.01(B)(1)(2)	, , , , , , , , , , , , , , , , , , , ,	

Review Requirements Checklist Credit Unemployment Insurance (CU), Line 28

	REFERENCE (See		
			DEEEDENCE Form/Page/
DEVIEW DECLUDEMENTS	www.azleg.state.az.us for	COMMENTO	REFERENCE Form/Page/
REVIEW REQUIREMENTS	applicable statute.)	COMMENTS	Paragraph
		A policy may exclude from qualification for coverage:	
		a. A self-employed individual.	
		 b. Worker in a seasonal or temporary job. Seasonal or temporary job means a job designed to last no more than six consecutive months. 	
		c. Debtor who has been notified in writing of layoff or employment termination to occur within sixty	
		days of the date coverage begins.	
		2. Debtor shall not be required to be full time employee more than six consecutive months before the	
		effective date of coverage. Full time means regular work week not less than thirty hours.	
0111 33 15 53 5	A D O C OO 1000 01/A\/0\	Benefits shall start after no more than 30 days, but need not be retroactive to the first day of	
CU Initial Benefit Payment	A.R.S. § 20-1606.01(A)(2)	unemployment and shall have a maximum benefit of at least six months. 1. (A)Subject to acceptance by the insurer, term will begin on date debtor becomes obligated to the	
		1. (A)Subject to acceptance by the insurer, term will begin on date debtor becomes obligated to the creditor. 2. (B) Adjustments shall be made for existing obligations. 3. (C) No additional costs to debtor it	
CLI Torm of Inquironce	A B S S 20 1607	term extends more than fifteen days beyond maturity date.	
CU Term of Insurance	A.R.S. § 20-1607	permit extends more than inteen days beyond maturity date.	
Contents Of The Policy (Name of	1 D 0 0 00 4000(E)(4)		
Insurer and Address)	A.R.S. § 20-1608(E)(1)	Shall be stated on individual policy or group certificate.	
Contents Of The Policy (Debtor			
Name)	A.R.S. § 20-1608(E)(2)	Name of debtor. In the case of a group certificate, the identity by name or otherwise of the debtor.	
		State the premium or amount of payment by the debtor separately for each coverage or all coverages	
0 , , 0(T, D, ; , /D ; ,)	A D O C OO 1000(E)(O)	in a package. On open end loans, the premium rate and basis of premium calculation such as avg	
Contents Of The Policy (Premium)	A.R.S. § 20-1608(E)(3)	daily balance and prior monthly balance shall be specified.	
		A full description of the coverage(s), to include the amount, term and any exceptions, limitations, and	
Contents Of The Policy (Subject)	A.R.S. § 20-1608(E))(4)	exclusions.	
		Statement that benefits shall be paid to creditor to reduce or extinguish the unpaid debt. Whenever the	
Contents Of The Policy		amount of insurance benefit exceeds the unpaid debt, any excess shall be paid to the beneficiary other	
(Conditions)	A.R.S. § 20-1608(E)(5)	than the creditor named by the debtor or the debtors estate.	
		Term of policy shall be stated. If the scheduled term of insurance is less than the scheduled term of the	
		credit transaction, a statement to that effect shall be shown on the face of the individual policy or group	
Contents Of The Policy (Term)	A.R.S. § 20-1608(E)(6)	certificate in not less than 10pt bold face type.	
Assignment	A.R.S. § 20-1122		
Execution	A.R.S. § 20-1116		
		Policies issued to cover open-end consumer transactions shall provide that the policyholder or	
Policy to Reference Annual		certificate holder will be furnished a disclosure notice with the account statement at least annually in no	
Disclosure Notice	A.R.S.§ 20-1621.03(G)	smaller than ten-point type. This notice shall contain the prescribed wording stated in the law.	
Illegal Provisions			
		The total amount of periodic indemnity payable by CU shall not exceed the aggregate of scheduled	
		unpaid installments of the gross debt or with respect to group insurance where the indebtedness due is	
		repayable in installments, the maximum sum permitted by A.R.S.§ 20-1401. The amount of each	
Maximum Amount	A.R.S. § 20-1606	payment shall not exceed the original gross debt divided by the number of periodic installments.	
Titles Or Headings	A.R.S. § 20-1111(A)(3)		
Void Policy Restrictions	A.R.S. § 20-1115		
Invalidation Of The Policy	A.R.S. § 20-229(C)	Lack of a countersignature does not invalidate a policy	

Review Requirements Checklist Credit Unemployment Insurance (CU), Line 28

REVIEW REQUIREMENTS	REFERENCE (See www.azleg.state.az.us for applicable statute.)	COMMENTS	REFERENCE Form/Page/ Paragraph
II. RATES			
Filing Requirements			
Prior Approval	A.R.S. § 20-1610(B)	Rates to be filed and approved by the Director before use.	
Supporting Data	Unpublished Requirement	Actual support should include, but is not limited to the following:	
		a) Past and prospective loss experience of insurer inside and outside the state.	
		b) General and Admininstrative expenses;	
		c) Acquisition expenses;	
		d) Creditor compensation;	
		e) Investment Income;	
		f) Premium taxes, Licenses, Fees, Assessments;	
		g) Underwriting Profit and Contingencies;	
No Filing Required If Prima Facie Rates Are Used.	A.R.S. § 20-1621.05(C)&(1)	Concurrently with development of the loss ratio standard, the Director shall establish Prima Facia rates. Insurer rates that do not exceed prima facia rates do not have to be filed subject to the filing of insurer certification by April 1 of each year stating its rates do not exceed the prima facia rates.	
Setting Rates			
		Rates shall be reasonable in relation to the benefits provided and shall not be excessive, inadequate or	
Rating Standard	A.R.S. § 20-1621.05(A)	unfairly discriminatory.	

CERTIFICATION

I,, hereby certify that to the best of	my
knowledge and belief that each form or rate filing involved in this filing: 1) Conforms to all a requirements outlined above; 2) Contains no provision(s) previously disapproved or required corrected and/or revised by the Arizona Department of Insurance; and 3) Does not exceed the insurer's powers, the authority granted by its state of domicile, and its Arizona certificate of the control of the	d to be this
Signature of Officer:	
Date:	